STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964982	**01/10/2017**
NAME OF PROVIDER OR SUPPLIER **ATRIA SAN PABLO**	STREET ADDRESS, CITY, STATE, ZIP CODE **14199 WILLIAM DAVIS PARKWAY** **JACKSONVILLE, FL 32224**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Z816 Background Screening-Compliance Attestation

Based on record review and staff interview, the Facility failed to have 1 of 3 sampled employees, Employee A sign an attestation of compliance with Chapter 435.

The findings include:

Review of the employee record for Employee A revealed he was hired as a caregiver on . The attestation for compliance with Chapter 435 was not signed by the Employee.

The business office manager on at 12:20 p.m. confirmed he did not sign it.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0000 Initial Comments

On , 2017 an unannounced biennial re-licensure survey was conducted at Atria San Pablo (License #9546). Deficient Practice was identified during the survey.

0081 Training - Staff In-Service

Based on record review and staff interview, the facility failed to ensure that all staff within 30 days of hire receive 1 hour of elopement response training for Employees A & B.

The findings include:

Employee A had a date of hire of as a caregiver. A review of his employee record revealed 0.25 hour training in elopement responses.

Employee B had a hire date of //_ as a medication technician. A review of her employee record revealed 0.25 hour training in elopement responses.

The business office director, the person responsible for training on // at 12 p.m. confirmed Employees A & B only had the 0.25 hours of elopement education, not the 1 hour required.

Class III

0086 Training - ADRD

Based on record review and staff interview, the Facility failed to provide 4 hours of training within 3 months of employment for 1 of 3 sampled employees, Employee A.

The findings include:

Employee A was interviewed on // at 10:40 a.m. He stated he was a caregiver and worked all

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SUMMARY STATEMENT OF DEFICIENCIES
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over the facility including in the unit.

Review of his employee record revealed he was hired on . He did not have any training in his file.

The business office director on at 12:17 p.m. confirmed Employee A did not have the required training.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Atria San Pablo
14199 William Davis Parkway
Jacksonville, FL 32224

Dear Administrator:

This letter reports the findings of a state licensure biennial survey that was conducted on , 2017 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than 13, 2017.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyors. Should you have any questions please call this office at -4201.

Sincerely,

Amanda Wisehart

Amanda Wisehart
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/AW/sm
Enclosure
XG90

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